

<i>SERFF Tracking Number:</i>	<i>CNSC-126091389</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Conseco Health Insurance Company</i>	<i>State Tracking Number:</i>	<i>42143</i>
<i>Company Tracking Number:</i>	<i>CI SCHEDULES</i>		
<i>TOI:</i>	<i>H07I Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07I.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>CHIC CI Additional Benefit Levels</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Conseco Health Insurance Company

Product Name: CHIC CI Additional Benefit Levels SERFF Tr Num: CNSC-126091389 State: ArkansasLH

TOI: H07I Individual Health - Specified Disease - Limited Benefit SERFF Status: Closed State Tr Num: 42143

Sub-TOI: H07I.002A Dread Disease - Cancer Only Co Tr Num: CI SCHEDULES State Status: Approved-Closed

Filing Type: Form/Rate	Co Status:	Reviewer(s): Rosalind Minor
	Authors: Michelle Garba, Beth Blackwell, Stacey Farmer	Disposition Date: 05/11/2009
	Date Submitted: 04/14/2009	Disposition Status: Approved-Closed
Implementation Date Requested:		Implementation Date:

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 05/11/2009	Explanation for Other Group Market Type:
	State Status Changed: 05/11/2009
Deemer Date:	Corresponding Filing Tracking Number:

Filing Description:

Enclosed please find the noted forms listed on the Form Schedule for your review and approval. These forms are new and will not replace any forms currently on file with your department.

SERFF Tracking Number: CNSC-126091389 State: Arkansas
Filing Company: Conseco Health Insurance Company State Tracking Number: 42143
Company Tracking Number: CI SCHEDULES
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only
Limited Benefit
Product Name: CHIC CI Additional Benefit Levels
Project Name/Number: /

The forms included in this filing will be used with a previously approved Cancer Policy which is a policy providing benefits for cancer first diagnosed 30 or more days after issue. The department approved Policy Form CI000/PS3AR-C, on 09/22/2003. The product currently approved provides the following levels of benefits: 1/3 unit, 1/2 unit, 2/3 unit, 1 unit, and 1 1/3 unit. Two additional levels of benefits are proposed in this filing: 1 1/2 unit and 2 units to meet consumers demand.

Since the company has chosen to expand the base policy with these additional benefits levels the following forms are being filed for approval:

CI000/AA3AR-E is an application to be used with the previously approved policy form. The application is designed to elicit health information to determine if applicants are eligible for coverage. If any person applying for coverage answers "yes" to questions 2 through 5, that person will be listed in the space provided and be excluded from any coverage under the policy. Section 1, 2, 4 and 5 of the application are being filed as variable, which contains general application information. The information will either be included or not included. The bar code information at the top of the application is also being filed as variable. The bar code will contain the company information only and is used for internal processing. This application will be used for electronic purposes.

CI000/ER3ST-I is an exclusion rider. This rider is completed if one of the applicants answers yes to health questions 2 through 5 on the application. The rider limits or excludes coverage from the policy. It will be attached to the policy at the time the policy is issued.

CI000/OC3ST-D is the outline of coverage for this product. This is only intended to outline the benefits available with this product.

The policy will be marketed through licensed agents.

The actuarial memorandum and rates are attached.

The forms will be effective upon your approval. To the best of our knowledge, attached are any necessary fees and certifications as required by your state for filing.

SERFF Tracking Number: CNSC-126091389 State: Arkansas

Filing Company: Conseco Health Insurance Company State Tracking Number: 42143

Company Tracking Number: CI SCHEDULES

TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only

Product Name: CHIC CI Additional Benefit Levels

Project Name/Number: /

Thank you for your time and consideration on this filing. If you have any further questions regarding this filing, please feel free to contact me.

Sincerely,
 Stacey Farmer
 Policy Approval and Compliance

Company and Contact

Filing Contact Information

Michelle Garba, Compliance Analyst Michelle_Garba@conseco.com
 11815 N Pennsylvania St (800) 888-4918 [Phone]
 Carmel, IN 46032 (317) 817-2333[FAX]

Filing Company Information

Conseco Health Insurance Company CoCode: 78174 State of Domicile: Arizona
 11815 N Pennsylvania St. Group Code: 233 Company Type:
 Carmel, IN 46032 Group Name: State ID Number:
 (800) 888-4918 ext. [Phone] FEIN Number: 34-1083130

Filing Fees

Fee Required? Yes
 Fee Amount: \$210.00
 Retaliatory? No
 Fee Explanation: \$50 PER RATE
 \$20 PER FORM X 8 = \$160.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Conseco Health Insurance Company	\$210.00	04/14/2009	27161584

SERFF Tracking Number:	CNSC-126091389	State:	Arkansas
Filing Company:	Conseco Health Insurance Company	State Tracking Number:	42143
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TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.002A Dread Disease - Cancer Only
Product Name:	CHIC CI Additional Benefit Levels		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/11/2009	05/11/2009

<i>SERFF Tracking Number:</i>	<i>CNSC-126091389</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Conseco Health Insurance Company</i>	<i>State Tracking Number:</i>	<i>42143</i>
<i>Company Tracking Number:</i>	<i>CI SCHEDULES</i>		
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>CHIC CI Additional Benefit Levels</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 05/11/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CNSC-126091389 State: Arkansas

Filing Company: Conseco Health Insurance Company State Tracking Number: 42143

Company Tracking Number: CI SCHEDULES

TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only

Product Name: CHIC CI Additional Benefit Levels

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Benefit Schedule	Approved-Closed	Yes
Form	Benefit Schedule	Approved-Closed	Yes
Form	Surgical Schedule	Approved-Closed	Yes
Form	Surgical Schedule	Approved-Closed	Yes
Form	Application	Approved-Closed	Yes
Form	Rider	Approved-Closed	Yes
Form	Outline of Coverage	Approved-Closed	Yes
Form	Conversion Amendment	Approved-Closed	Yes
Rate	Rates	Approved-Closed	Yes

SERFF Tracking Number: CNSC-126091389 State: Arkansas

Filing Company: Conseco Health Insurance Company State Tracking Number: 42143

Company Tracking Number: CI SCHEDULES

TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only

Product Name: CHIC CI Additional Benefit Levels

Project Name/Number: /

Form Schedule

Lead Form Number: CI036IS3ST-C, ET AL

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	CI036IS3S T-C	Schedule Pages	Benefit Schedule	Initial		0	CI036IS3ST-C.pdf
Approved-Closed	CI048IS3S T-C	Schedule Pages	Benefit Schedule	Initial		0	CI048IS3ST-C.pdf
Approved-Closed	CI036SS3A R-C	Schedule Pages	Surgical Schedule	Initial		0	CI036SS3AR-C.pdf
Approved-Closed	CI048SS3A R-C	Schedule Pages	Surgical Schedule	Initial		0	CI048SS3AR-C.pdf
Approved-Closed	CI000AA3A R-E	Application/ Enrollment Form	Application	Initial		0	CI000AA3AR-E.pdf
Approved-Closed	CI000ER3S T-I	Policy/Cont Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider		Initial		0	CI000ER3ST-I.pdf
Approved-Closed	CI000OC3 ST-D	Outline of Coverage	Outline of Coverage	Initial		0	CI000OC3ST-D.pdf
Approved-Closed	CI000CA3 CR-C1	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Conversion Amendment	Initial		0	CI000CA3CR-C1.pdf

SECTION 8:**BENEFIT SCHEDULE**

This is a summary of benefits. Please read your entire policy or certificate for further explanations and limitations.

Express Payment	\$2,250
Hospital Confinement	\$450/day
U.S. Government Hospital Confinement	\$450/day
Inpatient Drugs and Diagnostic Testing	Actual Charges up to \$56.25/day
Inpatient Attending Physician	\$56.25/day
Inpatient Private Nurse	\$180/day
Ambulance/Air Ambulance	Actual Charges up to \$375/one-way trip
Radiation/Chemotherapy	Actual Charges up to \$450/day
Surgical Procedure	See attached Surgical and Anesthesia Schedule
Second and Third Surgical Opinion	Actual Charges up to \$225/opinion
Anesthesia	See attached Surgical and Anesthesia Schedule
Blood and Plasma	\$225/day
Skilled Nursing Facility	\$180/day
Hospice	Actual Charges up to \$135/day
Transportation	Actual Charges up to \$1,500/one-way trip for plane, train or bus: or \$0.45/mile by car
Family Member Transportation	Actual Charges up to \$1,500/one-way trip for plane, train or bus
Family Member Lodging	Actual Charges up to \$75/day
Prosthesis	Actual Charges up to \$3,000/device
Leukemia Bone Marrow Transplant	Initial amount: \$25,000 Inflation Fighter Amount: \$2,500

(1 1/2 UNIT)

SECTION 8:**BENEFIT SCHEDULE**

This is a summary of benefits. Please read your entire policy or certificate for further explanations and limitations.

Express Payment	\$3,000
Hospital Confinement	\$600/day
U.S. Government Hospital Confinement	\$600/day
Inpatient Drugs and Diagnostic Testing	Actual Charges up to \$75/day
Inpatient Attending Physician	\$75/day
Inpatient Private Nurse	\$240/day
Ambulance/Air Ambulance	Actual Charges up to \$500/one-way trip
Radiation/Chemotherapy	Actual Charges up to \$600/day
Surgical Procedure	See attached Surgical and Anesthesia Schedule
Second and Third Surgical Opinion	Actual Charges up to \$300/opinion
Anesthesia	See attached Surgical and Anesthesia Schedule
Blood and Plasma	\$300/day
Skilled Nursing Facility	\$240/day
Hospice	Actual Charges up to \$180/day
Transportation	Actual Charges up to \$2,000/one-way trip for plane, train or bus: or \$0.60/mile by car
Family Member Transportation	Actual Charges up to \$2,000/one-way trip for plane, train or bus
Family Member Lodging	Actual Charges up to \$100/day
Prosthesis	Actual Charges up to \$4,000/device
Leukemia Bone Marrow Transplant	Initial amount: \$25,000 Inflation Fighter Amount: \$2,500

(2 UNITS)

SECTION 9:**SURGICAL and ANESTHESIA SCHEDULE
(1 1/2 UNITS)**

If you have a surgical procedure performed which is not shown in this Surgical and Anesthesia Schedule, we will pay a benefit amount based on the difficulty of the procedure as compared to the difficulty of the procedures shown.

SURGICAL PROCEDURE	PROCEDURE CODE	SURGICAL BENEFIT	ANESTHESIA BENEFIT
ABDOMEN			
Abdominal paracentesis	49080	\$225	\$45
Excision of intra-abdominal or retroperitoneal tumor	49200	\$945	\$189
Staging celiotomy (Hodgkin's or Lymphoma)	49220	\$1,485	\$297
BLADDER			
Cystotomy for excision of bladder tumor	51530	\$1,013	\$203
Cystectomy, complete; with bilateral pelvic lymphadenectomy	51575	\$3,468	\$694
Cystectomy, complete; with ureteroileal conduit or sigmoid bladder, including bowel anastomosis	51590	\$4,854	\$971
with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	51595	\$6,165	\$1,233
Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantaion	51597	\$5,178	\$1,036
Cystourethroscopy with biopsy	52204	\$203	\$41
Cystourethroscopy, with fulguration and/or resection of medium tumor(s) (2.0 – 5.0 cm)	52235	\$810	\$162
BONE			
Biopsy, bone, trocar or needle; superficial	20220	\$225	\$45
Radical resection of sternum for tumor with mediastinal lymphadenectomy	21632	\$4,316	\$863
BRAIN			
Craniectomy for tumor of skull	61500	\$3,329	\$666
Excision brain tumor, supratentorial	61510	\$4,316	\$863
Excision brain tumor, infratentorial or posterior fossa	61518	\$4,746	\$949
Cerebellopontine angle tumor	61520	\$6,165	\$1,233
Midline tumor at base of skull	61521	\$9,251	\$1,850
Excision of craniopharyngioma	61545	\$11,250	\$2,250
Hypophysectomy, intracranial approach	61546	\$4,586	\$917
BREAST			
Biopsy of breast, incisional (separate procedure)	19101	\$237	\$47
Excision of malignant tumor	19120	\$338	\$68
Mastectomy, partial	19160	\$405	\$81
Mastectomy, simple, complete	19180	\$702	\$140
Mastectomy, radical including pectoral muscles, axillary and internal mammary lymph nodes	19220	\$1,755	\$351
Mastectomy, modified radical, including axillary lymph nodes and pectoralis minor muscle, but excluding pectoralis major muscle	19240	\$1,283	\$257
Excision of chest wall tumor involving ribs, with plastic reconstruction; with mediastinal lymphadenectomy	19272	\$3,237	\$647
CHEST			
Bronchoscopy with biopsy	31625	\$392	\$78
Thoracentesis for biopsy	32000	\$225	\$45
Biopsy, lung or mediastinum, percutaneous needle	32405	\$237	\$47
Pneumonectomy, total	32440	\$2,312	\$462
Lobectomy, total or segmental	32480	\$1,823	\$365
Excision of mediastinal tumor	39220	\$1,229	\$246

SURGICAL and ANESTHESIA SCHEDULE
(1 1/2 UNITS)

SURGICAL PROCEDURE	PROCEDURE CODE	SURGICAL BENEFIT	ANESTHESIA BENEFIT
EAR			
Excision, external ear, partial	69110	\$405	\$81
Radical excision, external auditory canal lesion with neck dissection	69115	\$1,587	\$317
Excision aural glomus tumor; transcanal	69550	\$1,391	\$278
Transmastoid	69552	\$2,381	\$476
Extended (extratemporal)	69554	\$4,445	\$889
ESOPHAGUS			
Excision local lesion with primary repair; cervical approach	43100	\$1,013	\$203
Thoracic approach	43101	\$1,485	\$297
Wide excision of malignant lesion of cervical esophagus	43105	\$1,620	\$324
With radical neck dissection	43106	\$2,466	\$493
Esophagectomy (at upper two-thirds level) and gastric anastomosis with vagotomy	43110	\$1,890	\$378
Esophagogastrectomy (lower third) and vagotomy, combined thoracoabdominal	43120	\$2,343	\$469
EYE			
Enucleation of eye	65101	\$845	\$169
Exenteration of orbit	65110	\$1,350	\$270
Orbitotomy with removal of lesion	67412	\$1,350	\$270
HEART			
Pericardiectomy	33100	\$2,466	\$493
Excision intracardiac tumor, resection with bypass	33120	\$6,165	\$1,233
INTESTINES			
Colectomy, partial; with anastomosis	44140	\$1,250	\$250
With Coloproctostomy	44145	\$1,439	\$288
Colectomy, total, abdominal with ileostomy or ileoproctostomy	44150	\$1,688	\$338
With rectal mucosectomy, ileoanal anastomosis	44153	\$4,586	\$917
With proctectomy	44155	\$2,312	\$462
Small intestine, enteroscopy beyond second portion of duodenum, with biopsy	44361	\$351	\$70
Proctectomy, complete, combined abdominoperineal	45110	\$1,890	\$378
Proctosigmoidoscopy with biopsy	45305	\$225	\$45
Colonoscopy, fiberoptic, beyond splenic flexure; with biopsy	45380	\$507	\$101
KIDNEY			
Renal biopsy			
Percutaneous, by trocar or needle	50200	\$225	\$45
By surgical exposure of kidney	50205	\$540	\$108
Nephrectomy, radical, with regional lymphadenectomy	50230	\$2,505	\$501
Partial	50240	\$1,620	\$324
LIVER			
Needle biopsy, percutaneous	47000	\$225	\$45
Wedge biopsy (independent procedure)	47100	\$675	\$135
Hepatectomy, partial lobectomy	47120	\$1,958	\$392

SURGICAL and ANESTHESIA SCHEDULE
(1 1/2 UNITS)

SURGICAL PROCEDURE	PROCEDURE CODE	SURGICAL BENEFIT	ANESTHESIA BENEFIT
LYMPHATIC SYSTEM			
Biopsy or excision of cervical lymph node; deep	38510	\$230	\$46
Cervical lymphadenectomy (complete)	38720	\$1,418	\$284
MOUTH			
Excision of lip; transverse wedge excision with primary closure	40510	\$507	\$101
Hemiglossectomy	41130	\$743	\$149
Glossectomy			
Partial, with unilateral radical neck dissection	41135	\$1,485	\$297
Total, with unilateral radical neck dissection	44145	\$1,890	\$378
With resection, floor of mouth, mandibular resection and radical neck dissection (commando type)	41155	\$2,312	\$462
Resection, palate	42120	\$1,485	\$297
OVARY			
Wedge resection or bisection	58920	\$743	\$149
PANCREAS			
Excisional biopsy (independent procedure)	48100	\$1,013	\$203
Pancreatectomy with pancreaticoduodenectomy and pancreaticojejunostomy	48150	\$3,237	\$647
PAROTID			
Excision parotid tumor, lateral lobe, without nerve dissection	42410	\$419	\$84
Total, with unilateral radical neck dissection	42426	\$1,890	\$378
PELVIS			
Radical resection for tumor	27075	\$1,215	\$243
Innominate bone (total)	27077	\$4,854	\$971
PENIS			
Amputation, partial	54120	\$675	\$135
Complete	54125	\$1,350	\$270
Radical with bilateral inguofemoral lymphadenectomy	54130	\$1,890	\$378
PROSTATE			
Biopsy, needle or punch, single or multiple, any approach	55700	\$225	\$45
Transurethral resection of prostate	52601	\$1,350	\$270
Prostatectomy, retropubic radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	55845	\$3,237	\$647
SINUS			
Maxillectomy with orbital exenteration	31230	\$1,890	\$378
SKIN			
Excision of malignant lesion; diameter 1.1 – 2.0 CM			
On trunk, arms or legs	11602	\$225	\$45
On scalp, neck, hands, feet or genitalia	11622	\$243	\$49
On face, ears, eyelids, nose or lips	11642	\$338	\$68
Destruction of malignant lesion; diamemer 1.1 – 2.0 CM			
On trunk, arms or legs	17262	\$225	\$45
On scalp, neck, hands, feet or genitalia	17272	\$225	\$45
On face, ears, eyelids, nose or lips	17282	\$225	\$45

SURGICAL and ANESTHESIA SCHEDULE
(1 1/2 UNITS)

SURGICAL PROCEDURE	PROCEDURE CODE	SURGICAL BENEFIT	ANESTHESIA BENEFIT
SPINE			
Resection tumor, radical, soft tissue of flank or back	21935	\$1,013	\$203
Partial resection of vertebral component for cervical tumor	22105	\$810	\$162
Biopsy of spinal cord, percutaneous needle	62269	\$1,134	\$227
Laminectomy for biopsy/excision of intraspinal neoplasm; Extradural, cervical	63275	\$4,316	\$863
Intradural, intramedullary, thoracic	63286	\$6,165	\$1,233
STOMACH			
Gastric biopsy by laparotomy	43605	\$912	\$182
Local excision of tumor	43610	\$1,013	\$203
Total gastrectomy including intestinal anastomosis	43620	\$1,890	\$378
Hemigastrectomy with vagotomy	43635	\$1,553	\$311
TESTIS			
Biopsy, incisional (independent procedure)	54505	\$225	\$45
Orchiectomy, radical, for tumor, inguinal approach	54530	\$642	\$128
With abdominal exploration	54535	\$845	\$169
THROAT			
Laryngectomy, total, without radical neck dissection	31360	\$1,688	\$338
With radical neck dissection	31365	\$3,329	\$666
Pharyngolaryngectomy with radical neck dissection	31390	\$2,388	\$478
Laryngoscopy, direct, operative, with biopsy	31535	\$405	\$81
THYROID			
Thyroidectomy for malignancy	60252	\$1,755	\$351
With radical neck dissection	60254	\$1,958	\$392
UTERUS			
Colposcopy with biopsy	57454	\$225	\$45
Dilation and curettage with biopsy	58120	\$270	\$54
Radical abdominal hysterectomy, with bilateral total pelvic and limited para-aortic lymphadenectomy	58210	\$3,237	\$647
URINARY			
Ureterectomy, with bladder cuff (independent procedure)	50650	\$1,350	\$270
Total, ectopic ureter; combination abdominal, vaginal and/or perineal approach	50660	\$1,890	\$378
Ureteral endoscopy with biopsy	50974	\$225	\$45
VULVA			
Vulvectomy, complete	56625	\$1,047	\$209
Radical	56630	\$1,485	\$297
With inguinofemoral, iliac, and pelvic lymphadenectomy	56640	\$2,543	\$509

SECTION 9:**SURGICAL and ANESTHESIA SCHEDULE
(2 UNITS)**

If you have a surgical procedure performed which is not shown in this Surgical and Anesthesia Schedule, we will pay a benefit amount based on the difficulty of the procedure as compared to the difficulty of the procedures shown.

SURGICAL PROCEDURE	PROCEDURE CODE	SURGICAL BENEFIT	ANESTHESIA BENEFIT
ABDOMEN			
Abdominal paracentesis	49080	\$300	\$60
Excision of intra-abdominal or retroperitoneal tumor	49200	\$1,260	\$252
Staging celiotomy (Hodgkin's or Lymphoma)	49220	\$1,980	\$396
BLADDER			
Cystotomy for excision of bladder tumor	51530	\$1,350	\$270
Cystectomy, complete; with bilateral pelvic lymphadenectomy	51575	\$4,624	\$925
Cystectomy, complete; with ureteroileal conduit or sigmoid bladder, including bowel anastomosis	51590	\$6,472	\$1,294
with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	51595	\$8,220	\$1,644
Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplants	51597	\$6,904	\$1,381
Cystourethroscopy with biopsy	52204	\$270	\$54
Cystourethroscopy, with fulguration and/or resection of medium tumor(s) (2.0 – 5.0 cm)	52235	\$1,080	\$216
BONE			
Biopsy, bone, trocar or needle; superficial	20220	\$300	\$60
Radical resection of sternum for tumor with mediastinal lymphadenectomy	21632	\$5,754	\$1,151
BRAIN			
Craniectomy for tumor of skull	61500	\$4,438	\$888
Excision brain tumor, supratentorial	61510	\$5,754	\$1,151
Excision brain tumor, infratentorial or posterior fossa	61518	\$6,328	\$1,266
Cerebellopontine angle tumor	61520	\$8,220	\$1,644
Midline tumor at base of skull	61521	\$12,334	\$2,467
Excision of craniopharyngioma	61545	\$15,000	\$3,000
Hypophysectomy, intracranial approach	61546	\$6,114	\$1,223
BREAST			
Biopsy of breast, incisional (separate procedure)	19101	\$316	\$63
Excision of malignant tumor	19120	\$450	\$90
Mastectomy, partial	19160	\$540	\$108
Mastectomy, simple, complete	19180	\$936	\$187
Mastectomy, radical including pectoral muscles, axillary and internal mammary lymph nodes	19220	\$2,340	\$468
Mastectomy, modified radical, including axillary lymph nodes and pectoralis minor muscle, but excluding pectoralis major muscle	19240	\$1,710	\$342
Excision of chest wall tumor involving ribs, with plastic reconstruction; with mediastinal lymphadenectomy	19272	\$4,316	\$863
CHEST			
Bronchoscopy with biopsy	31625	\$522	\$104
Thoracentesis for biopsy	32000	\$300	\$60
Biopsy, lung or mediastinum, percutaneous needle	32405	\$316	\$63
Pneumonectomy, total	32440	\$3,082	\$616
Lobectomy, total or segmental	32480	\$2,430	\$486
Excision of mediastinal tumor	39220	\$1,638	\$328

**SURGICAL and ANESTHESIA SCHEDULE
(2 UNITS)**

SURGICAL PROCEDURE	PROCEDURE CODE	SURGICAL BENEFIT	ANESTHESIA BENEFIT
EAR			
Excision, external ear, partial	69110	\$540	\$108
Radical excision, external auditory canal lesion with neck dissection	69115	\$2,116	\$423
Excision aural glomus tumor; transcanal	69550	\$1,854	\$371
Transmastoid	69552	\$3,174	\$635
Extended (extratemporal)	69554	\$5,926	\$1,185
ESOPHAGUS			
Excision local lesion with primary repair; cervical approach	43100	\$1,350	\$270
Thoracic approach	43101	\$1,980	\$396
Wide excision of malignant lesion of cervical esophagus	43105	\$2,160	\$432
With radical neck dissection	43106	\$3,288	\$658
Esophagectomy (at upper two-thirds level) and gastric anastomosis with vagotomy	43110	\$2,520	\$504
Esophagogastrectomy (lower third) and vagotomy, combined thoracicoabdominal	43120	\$3,124	\$625
EYE			
Enucleation of eye	65101	\$1,126	\$225
Exenteration of orbit	65110	\$1,800	\$360
Orbitotomy with removal of lesion	67412	\$1,800	\$360
HEART			
Pericardiectomy	33100	\$3,288	\$658
Excision intracardiac tumor, resection with bypass	33120	\$8,220	\$1,644
INTESTINES			
Colectomy, partial; with anastomosis	44140	\$1,666	\$333
With Coloproctostomy	44145	\$1,918	\$384
Colectomy, total, abdominal with ileostomy or ileoproctostomy	44150	\$2,250	\$450
With rectal mucosectomy, ileoanal anastomosis	44153	\$6,114	\$1,223
With proctectomy	44155	\$3,082	\$616
Small intestine, enteroscopy beyond second portion of duodenum, with biopsy	44361	\$468	\$94
Proctectomy, complete, combined abdominoperineal	45110	\$2,520	\$504
Proctosigmoidoscopy with biopsy	45305	\$300	\$60
Colonoscopy, fiberoptic, beyond splenic flexure; with biopsy	45380	\$676	\$135
KIDNEY			
Renal biopsy			
Percutaneous, by trocar or needle	50200	\$300	\$60
By surgical exposure of kidney	50205	\$720	\$144
Nephrectomy, radical, with regional lymphadenectomy	50230	\$3,340	\$668
Partial	50240	\$2,160	\$432
LIVER			
Needle biopsy, percutaneous	47000	\$300	\$60
Wedge biopsy (independent procedure)	47100	\$900	\$180
Hepatectomy, partial lobectomy	47120	\$2,610	\$522

**SURGICAL and ANESTHESIA SCHEDULE
(2 UNITS)**

SURGICAL PROCEDURE	PROCEDURE CODE	SURGICAL BENEFIT	ANESTHESIA BENEFIT
LYMPHATIC SYSTEM			
Biopsy or excision of cervical lymph node; deep	38510	\$306	\$61
Cervical lymphadenectomy (complete)	38720	\$1,890	\$378
MOUTH			
Excision of lip; transverse wedge excision with primary closure	40510	\$676	\$135
Hemiglossectomy	41130	\$990	\$198
Glossectomy			
Partial, with unilateral radical neck dissection	41135	\$1,980	\$396
Total, with unilateral radical neck dissection	44145	\$2,520	\$504
With resection, floor of mouth, mandibular resection and radical neck dissection (commando type)	41155	\$3,082	\$616
Resection, palate	42120	\$1,980	\$396
OVARY			
Wedge resection or bisection	58920	\$990	\$198
PANCREAS			
Excisional biopsy (independent procedure)	48100	\$1,350	\$270
Pancreatectomy with pancreaticoduodenectomy and pancreaticojejunostomy	48150	\$4,316	\$863
PAROTID			
Excision parotid tumor, lateral lobe, without nerve dissection	42410	\$558	\$112
Total, with unilateral radical neck dissection	42426	\$2,520	\$504
PELVIS			
Radical resection for tumor	27075	\$1,620	\$324
Innominate bone (total)	27077	\$6,472	\$1,294
PENIS			
Amputation, partial	54120	\$900	\$180
Complete	54125	\$1,800	\$360
Radical with bilateral inguino-femoral lymphadenectomy	54130	\$2,520	\$504
PROSTATE			
Biopsy, needle or punch, single or multiple, any approach	55700	\$300	\$60
Transurethral resection of prostate	52601	\$1,800	\$360
Prostatectomy, retropubic radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	55845	\$4,316	\$863
SINUS			
Maxillectomy with orbital exenteration	31230	\$2,520	\$504
SKIN			
Excision of malignant lesion; diameter 1.1 – 2.0 CM			
On trunk, arms or legs	11602	\$300	\$60
On scalp, neck, hands, feet or genitalia	11622	\$324	\$65
On face, ears, eyelids, nose or lips	11642	\$450	\$90
Destruction of malignant lesion; diamemer 1.1 – 2.0 CM			
On trunk, arms or legs	17262	\$300	\$60
On scalp, neck, hands, feet or genitalia	17272	\$300	\$60
On face, ears, eyelids, nose or lips	17282	\$300	\$60

**SURGICAL and ANESTHESIA SCHEDULE
(2 UNITS)**

SURGICAL PROCEDURE	PROCEDURE CODE	SURGICAL BENEFIT	ANESTHESIA BENEFIT
SPINE			
Resection tumor, radical, soft tissue of flank or back	21935	\$1,350	\$270
Partial resection of vertebral component for cervical tumor	22105	\$1,080	\$216
Biopsy of spinal cord, percutaneous needle	62269	\$1,512	\$302
Laminectomy for biopsy/excision of intraspinal neoplasm;			
Extradural, cervical	63275	\$5,754	\$1,151
Intradural, intramedullary, thoracic	63286	\$8,220	\$1,644
STOMACH			
Gastric biopsy by laparotomy	43605	\$1,216	\$243
Local excision of tumor	43610	\$1,350	\$270
Total gastrectomy including intestinal anastomosis	43620	\$2,520	\$504
Hemigastrectomy with vagotomy	43635	\$2,070	\$414
TESTIS			
Biopsy, incisional (independent procedure)	54505	\$300	\$60
Orchiectomy, radical, for tumor, inguinal approach	54530	\$856	\$171
With abdominal exploration	54535	\$1,126	\$225
THROAT			
Laryngectomy, total, without radical neck dissection	31360	\$2,250	\$450
With radical neck dissection	31365	\$4,438	\$888
Pharyngolaryngectomy with radical neck dissection	31390	\$3,184	\$637
Laryngoscopy, direct, operative, with biopsy	31535	\$540	\$108
THYROID			
Thyroidectomy for malignancy	60252	\$2,340	\$468
With radical neck dissection	60254	\$2,610	\$522
UTERUS			
Colposcopy with biopsy	57454	\$300	\$60
Dilation and curettage with biopsy	58120	\$360	\$72
Radical abdominal hysterectomy, with bilateral			
total pelvic and limited para-aortic lymphadenectomy	58210	\$4,316	\$863
URINARY			
Ureterectomy, with bladder cuff (independent procedure)	50650	\$1,800	\$360
Total, ectopic ureter; combination abdominal, vaginal and/or			
perineal approach	50660	\$2,520	\$504
Ureteral endoscopy with biopsy	50974	\$300	\$60
VULVA			
Vulvectomy, complete	56625	\$1,396	\$279
Radical	56630	\$1,980	\$396
With inguinofemoral, iliac, and pelvic lymphadenectomy	56640	\$3,390	\$678



Application to: Conseco Health Insurance Company

P.O. Box 1908, Carmel, Indiana 46082-1908

[SECTION I]

Is this a conversion of existing Insurance? ☐ Yes ☐ No Is this an upgrade of existing Insurance? ☐ Yes ☐ No
 Is this a reinstatement? ☐ Yes ☐ No Is this a guaranteed conversion? ☐ Yes ☐ No
 If "Yes" to any of the above, provide existing policy number: _____]

[SECTION II]

Applicant's Name <i>(Please Print: First, Middle Initial, Last)</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Age	Social Security Number
Spouse's Name <i>(If Family Policy Applied For)</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Age	Phone Number ()
Applicant's Address	Number and Street	City	County	State Zip Code
E-mail Address:]				

SECTION III

Please answer all questions and indicate below the insurance applied for. If you are applying through a guaranteed conversion, answer question 1 only. If you answer "yes" to any health question, the person(s) named in the section(s) will be partially or completely excluded from insurance by an Exclusion Rider to be signed by the applicant before we issue the policy.

For All Insurance Applied for:

- | | |
|---|--|
| 1. Does this policy replace any insurance you now have with another company?
If yes, complete the "Notice to Applicant" form. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. In the past 10 years, have you or anyone proposed for coverage been treated for or diagnosed by a physician as having Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?
If "yes," indicate the name(s) of person(s): _____
(Complete 7 on the Exclusion Rider) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

For Cancer Coverage:

- | | |
|---|--|
| 3. Has anyone applying for insurance under this policy ever had, been diagnosed with or treated for cancer in any form?
If "yes," check the type of cancer and indicate the name(s) of person(s):

a. non-melanoma skin cancer.
Name(s) of person(s): _____
(complete 1 on the Exclusion Rider)

b. any melanoma cancer.
Name(s) of person(s): _____
(complete 2 on the Exclusion Rider)

c. non-melanoma internal cancer.
Name(s) of person(s): _____
If "non-melanoma internal cancer," has the named person, within the last 10 years, had any treatment for, diagnosis of, or recurrence of any internal cancer?
<input type="checkbox"/> Yes (complete 3 on the Exclusion Rider)
<input type="checkbox"/> No (complete 4 on the Exclusion Rider and submit a Cancer Treatment History form) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Within the last ten years, has anyone applying for insurance under this policy had, been diagnosed with or treated for a pre-leukemic condition, a pre-malignant condition or a condition with malignant potential?
If "yes," indicate the name(s) of person(s): _____
(Complete 5 on the Exclusion Rider) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

For Intensive Care Coverage:

- | | |
|--|--|
| 5. Has anyone to be insured ever been treated for or diagnosed as having a heart attack, heart condition or any abnormality of the heart?
If "yes," indicate the name(s) of person(s): _____
(Complete 6 on the Exclusion Rider) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

[illegible]

SECTION V							
Cancer Aid		Optional Riders/Policy		Mode of Payment		Premium	
<input type="checkbox"/> 1/3 Unit	<input type="checkbox"/> Individual	Intensive Care:		<input type="checkbox"/> Monthly – Automatic Check Deduction	Cancer Aid	\$ _____	
<input type="checkbox"/> 1/2 Unit	<input type="checkbox"/> Family	<input type="checkbox"/> Rider	<input type="checkbox"/> Policy		Intensive Care	\$ _____	
<input type="checkbox"/> 2/3 Unit		<input type="checkbox"/> Individual	<input type="checkbox"/> Family	<input type="checkbox"/> Annual – Direct Bill	Alternative Care	\$ _____	
<input type="checkbox"/> 1 Unit		<input type="checkbox"/> Individual w/ Children			Total Premium	\$ _____	
<input type="checkbox"/> 1 1/3 Units		<input type="checkbox"/> \$500	<input type="checkbox"/> \$750		Amount Collected	\$ _____	
<input type="checkbox"/> 1 1/2 units		<input type="checkbox"/> \$1000					
<input type="checkbox"/> 2 units		<input type="checkbox"/> Alternative Care Rider					

Special Instructions:]

SECTION VI

Applicant's Statement: I have read or have had read to me, the completed application; all representations are true and complete. I understand that: any false statements or misrepresentations in this application may result in loss of insurance if such false statement materially affected either the acceptance of the risk or the hazard assumed by the Company. The agent has no authority to approve the application, change the policy or waive any policy provisions. For ages 65 and above, I have received the booklet containing insurance advice for people eligible for Medicare. Additionally, I acknowledge that I have received an Outline of Coverage. No proposed insured to be covered under this policy is also covered under Title XIX program, such as Medicaid. **No coverage will be effective until all eligibility requirements are met and until the later of: (1) the Effective Date as shown on the Policy Schedule, if issued; or (2) the date the first premium is accepted by Conseco Health Insurance Company.**

WARNING: Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Date: _____ Signature of Applicant: _____ Signed In: _____
City, State

This Section to be Completed by Agent: I hereby certify that I have explained to the applicant all exceptions and limitations pertaining to the insurance applied for, including any concerning pre-existing conditions. I hereby certify that I have truthfully and accurately recorded in this application the information supplied by the applicant. I further certify that I am a licensed agent in the state where this application is being solicited by me and signed by the applicant.

[Did you interview each proposed insured in person, ask all questions and witness the signature? ☐ Yes ☐ No

If "No", please check one of the boxes below:

- ☐ Application completed over the phone
- ☐ Application completed by the applicant and returned via mail
- ☐ Other, provide explanation: _____

Date: _____ Signature of Agent: _____

Agency: _____ Agent Number: _____

Agent's E-mail address:

Agent's Phone Number: _____

☐ Mail to Policyholder ☐ Mail to Agent

☐ Mail to Policyholder ☐ Mail to Agent

Exclusion / Conversion Exclusion Rider

- 1 ☐ PERSON WITH A HISTORY OF NON-MELANOMA SKIN CANCER** _____ is named in the application for this policy, as having been treated for or diagnosed as having non-melanoma skin cancer. The Company will not be liable for any loss resulting from skin cancer for this person. Cancer insurance for this person is limited to loss resulting from any cancer other than skin cancer.
- 1B ☐ CONVERSION**
- ☐ The diagnosis or treatment occurred either while the person was not insured with the Company under a cancer insurance policy or while the person was insured with the Company under a cancer insurance policy but prior to the person meeting all cancer benefit eligibility requirements.
- ☐ The diagnosis or treatment occurred while the person was insured with the Company under existing cancer insurance and after the person had met all cancer benefit eligibility requirements.
- This person's benefits for skin cancer under the converted cancer insurance will be limited to the level of benefits provided under the existing cancer insurance.
- 2 ☐ PERSON WITH A HISTORY OF ANY MELANOMA CANCER** _____ is named in the application for this policy, as having been treated for or diagnosed as having melanoma cancer. The Company will not be liable for any loss resulting from any cancer, including skin cancer, for this person.
- 2B ☐ CONVERSION**
- ☐ The diagnosis or treatment occurred either while the person was not insured with the Company under a cancer insurance policy or while the person was insured with the Company under a cancer insurance policy but prior to the person meeting all cancer benefit eligibility requirements.
- ☐ The diagnosis or treatment occurred while the person was insured with the Company under existing cancer insurance and after the person had met all cancer benefit eligibility requirements.
- This person's benefits for cancer under the converted cancer insurance will be limited to the level of benefits provided under the existing cancer insurance.
- 3 ☐ PERSON WITH A HISTORY OF NON-MELANOMA INTERNAL CANCER, WHO RECEIVED CANCER TREATMENT WITHIN THE LAST 10 YEARS** _____ is named in the application for this policy, as having been treated for or diagnosed as having non-melanoma internal cancer. The Company will not be liable for any loss resulting from any cancer, including skin cancer, for this person.
- This person may be eligible to apply for insurance under this policy if, for a period of 10 consecutive years, this person has had:
- no treatment for;
 - no diagnosis of; and,
 - no recurrence of,
 - any internal cancer.
- 3B ☐ CONVERSION**
- ☐ The diagnosis or treatment occurred either while the person was not insured with the Company under a cancer insurance policy or while the person was insured with the Company under a cancer insurance policy but prior to the person meeting all cancer benefit eligibility requirements.
- ☐ The diagnosis or treatment occurred while the person was insured with the Company under existing cancer insurance and after the person had met all cancer benefit eligibility requirements.
- This person's benefits for cancer under the converted cancer insurance will be limited to the level of benefits provided under the existing cancer insurance.

- 4 ☐ **PERSON WITH A HISTORY OF NON-MELANOMA INTERNAL CANCER, WHO RECEIVED NO CANCER TREATMENT WITHIN THE LAST 10 YEARS**
- _____ is named in the application for this policy, as having been treated for or diagnosed as having non-melanoma internal cancer.
- I am submitting a completed Cancer Treatment History form which indicates that this person has had:
- no treatment for;
 - no diagnosis of; and,
 - no recurrence of,
- any internal cancer during the last 10 years. Based on this written statement, any cancer insurance for this person will not be limited due to the history of non-melanoma internal cancer.
- 5 ☐ **PERSON WHO WITHIN THE LAST TEN YEARS, HAS HAD A PRE-LEUKEMIC CONDITION OR CONDITION WITH MALIGNANT POTENTIAL**
- _____ is named in the application for this policy as having been diagnosed with or treated for a pre-leukemic condition, a pre-malignant condition or a condition with malignant potential within the last ten years. The Company will not be liable for any loss resulting from any cancer, including skin cancer, for this person.
- This person may be eligible to apply for insurance under this policy if, for a period of 10 consecutive years, this person has had:
- no treatment for;
 - no diagnosis of; and,
 - no recurrence of,
- any pre-leukemic condition, pre-malignant condition or condition with malignant potential.
- 5B ☐ **CONVERSION**
- ☐ The diagnosis or treatment occurred either while the person was not insured with the Company under a cancer insurance policy or while the person was insured with the Company under a cancer insurance policy but prior to the person meeting all cancer benefit eligibility requirements.
- ☐ The diagnosis or treatment occurred while the person was insured with the Company under existing cancer insurance and after the person had met all cancer benefit eligibility requirements.
- This person's benefits for cancer under the converted cancer insurance will be limited to the level of benefits provided under the existing cancer insurance.
- 6 ☐ **PERSON WITH A PRE-EXISTING HEART CONDITION**
- _____ has been named in the application, as having been treated for or diagnosed as having a heart attack, heart condition or other abnormality of the heart.
- This person will not be insured for any Intensive Care Unit confinement resulting from any disorder of the heart, and is limited to benefits for three days for any other Intensive Care Unit confinement.
- 7 ☐ **PERSON WITH A HISTORY OF HIV, AIDS OR ARC**
- _____ has been named in the application, as having been treated for or diagnosed by a physician as having Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC).
- The Company will not be liable for any loss incurred by this person.
- 8 ☐ **PERSON INELIGIBLE FOR INSURANCE DUE TO AGE**
- _____ does not meet the issue age requirement for Hospital Intensive Care insurance. This person is not eligible for any benefits under the Hospital Intensive Care insurance.

If issued at the same time as the policy, this Rider will have the same Effective Date as the policy. If issued after the policy Effective Date, we will notify the Policyowner of the date this rider becomes effective. This rider is part of the policy and will terminate when the policy terminates. This rider is subject to all terms of the policy to which it is attached unless any such terms are inconsistent with the terms of this rider.

Conseco Health Insurance Company

A handwritten signature in black ink, appearing to read "D. Bauls", with a stylized flourish at the end.

President

APPLICANT'S STATEMENT

I have read, or have had read to me, the above statements; the above representations are true and complete. I understand the applicable exclusions.

Signature of Applicant/Policyowner: _____ Date: _____

OUTLINE OF COVERAGE

CANCER POLICY

THE POLICY PROVIDES LIMITED BENEFITS. BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES.

PLEASE READ YOUR POLICY CAREFULLY: This Outline of Coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

Cancer coverage is designed to provide, to persons insured, insurance for specific losses resulting from cancer subject to any limitations and exclusion contained in the policy.

BENEFITS PROVIDED UNDER THE POLICY:

EXPRESS PAYMENT BENEFIT: We will pay the amount shown in the benefit schedule when you are diagnosed for the first time as having any internal cancer. We will pay this benefit even when cancer is not diagnosed until after death. We will pay this benefit only once for any insured person. We will not pay this benefit for skin cancer.

HOSPITAL CONFINEMENT BENEFIT: We will pay the amount shown in the benefit schedule for each day you are confined as an inpatient in a hospital, other than a U.S. Government hospital, due to cancer.

U.S. GOVERNMENT HOSPITAL CONFINEMENT BENEFIT: We will pay the amount shown in the benefit schedule for each day you are confined as an inpatient in a U.S. Government hospital due to cancer.

While this benefit is payable no other benefits will be payable except the Express Payment, Transportation, Family Member Transportation and Family Member Lodging Benefits.

INPATIENT DRUG AND DIAGNOSTIC TESTING BENEFIT: We will pay a benefit for drugs administered or diagnostic and laboratory test or x-rays as necessary while confined as an inpatient in a hospital due to cancer. Such drugs, at the time of administration, must be approved by the U.S. Food and Drug Administration.

INPATIENT ATTENDING PHYSICIAN BENEFIT: We will pay this benefit if you use the services of an attending physician while confined as an inpatient in a hospital due to cancer. An attending physician is a doctor, other than your surgeon, who performs cancer treatment services for you while you are confined and charges you for those services.

INPATIENT PRIVATE NURSE BENEFIT: We will pay this benefit if you use the full-time services of a private nurse while you are confined as an inpatient in a hospital due to cancer. These services must be prescribed by your doctor for the treatment of cancer and must be performed by a licensed nurse.

AMBULANCE/AIR BENEFIT: We will pay this benefit if a licensed surface or air ambulance service transports you to or from a hospital, in which you are confined as an inpatient due to cancer.

RADIATION/CHEMOTHERAPY BENEFIT: We will pay this benefit if your physician prescribes radiation or chemical treatments as part of your definitive cancer treatment. These treatments must be for the purpose of modification or destruction of cancer and are limited to: cancericidal chemical substances; x-ray radiation; radium and cesium implants; and, cobalt. At the time of administration these treatments must be fully or investigationally approved for the treatment of cancer by the U.S. Food and Drug Administration. The benefit does not include payments for any treatment planning, treatment management, or any type of laboratory tests, x-ray or other imaging used for diagnosis or disease monitoring, or other diagnostic tests related to these treatments. We will not pay for any devices or supplies such as intravenous solutions and needles related to these treatments.

SURGICAL PROCEDURE BENEFIT: We will pay an amount as described in the surgical and anesthesia schedule for cancer surgery performed by a doctor which definitively diagnoses or treats cancer.

SECOND AND THIRD SURGICAL OPINION BENEFIT: We will pay this benefit if surgery is recommended due to the diagnosis of cancer and you choose to obtain the opinion of a second physician. If the second opinion fails to confirm the need for the recommended surgery, we will pay for the third physician's opinion. An insured is not required to obtain a second or third opinion in order to receive the surgical or other benefit under the policy. Second or third opinions must be rendered before surgery is performed.

ANESTHESIA BENEFIT: We will pay an amount as shown in the surgical and anesthesia schedule if you receive anesthesia during cancer surgery for which a Surgical Procedure Benefit is payable.

BLOOD AND PLASMA BENEFIT: We will pay the amount shown in the benefit schedule for each day you receive whole blood, plasma, red cells, packed cells or platelets as a result of cancer or definitive cancer treatment.

SKILLED NURSING FACILITY BENEFIT: We will pay this benefit if you are confined due to cancer, by doctor's order, to a skilled nursing facility within 14 days after you are discharged from a hospital where you were confined due to cancer.

HOSPICE BENEFIT: We will pay this benefit for each day you receive care provided by or through a hospice due to your cancer. You must be diagnosed as terminally ill, no longer be receiving definitive cancer treatment and be expected to live six months or less.

TRANSPORTATION BENEFIT: We will pay an amount as described in the benefit schedule if you must travel by coach class plane, train, bus fare, or by car on a regularly scheduled route within the continental U.S. more than 100 miles one-way from your home to receive covered cancer treatments.

FAMILY MEMBER TRANSPORTATION BENEFIT: This benefit provides for family transportation when you are confined as an inpatient in a hospital within the continental U.S. more than 100 miles one-way from your home to receive covered cancer treatments. We will pay an amount as described in the benefit schedule for a family member to travel more than 100 miles one-way from their home. Travel methods available are those of a regularly scheduled route by coach class plane, train, or bus fare.

FAMILY MEMBER LODGING BENEFIT: This benefit provides for family lodging when you are confined as an inpatient in a hospital within the continental U.S. more than 100 miles one-way from your home to receive covered cancer treatments. We will pay an amount as described in the benefit schedule for a family member to stay in a hotel or motel more than 100 miles one-way from their home.

PROSTHESIS BENEFIT: We will pay an amount as described in the benefit schedule for prosthetic devices needed due to your cancer surgery for which you receive benefits under the policy. The amount listed is the maximum payable per device for each person insured by the policy. Devices must be obtained within three years of the date of the cancer surgery. We will not pay for related supplies such as special bras or ostomy pouches. We will not pay for wigs or hairpieces.

LEUKEMIA BONE MARROW TRANSPLANT BENEFIT: We will pay an amount as described in the benefit schedule if, due to leukemia, you receive a human bone marrow transplant. This benefit is payable only once for any insured persons.

RETURN OF PREMIUM BENEFIT: We will pay this benefit if the policy is kept in force until a maturity date. The Return of Premium Benefit is equal to the premiums paid for the insurance provided under the policy during the return of premium period. The policy need not be surrendered at a maturity date to receive a return of premium benefit.

LIMITATIONS AND EXCLUSIONS:

The policy provides coverage for cancer only. It does not provide benefits for any other disease or condition even if the disease or condition was complicated or aggravated by, but not caused by, cancer or cancer treatment. The policy contains a 30 day eligibility period. Some benefits are limited to actual charges as described in the policy and the benefit schedule. Additional limitations and exclusion are described in the policy.

SUMMARY OF CLAIMS DETERMINATION PROCESS:

As provided for in the eligibility for benefits and the limitations and exclusions sections of your policy, the following steps are taken in order to determine eligibility under any claim filed: (1) determine when the claim was incurred, and whether the loss is covered by the policy. This step may require the collection of medical records, a death certificate, autopsy findings from a medical examiner or coroner, and information regarding medical history from physicians, hospitals, other insurance companies, government agencies and medical records copying services; (2) determine if the claim was incurred at a time when your coverage was in force, during the eligibility period, or during a lapse in coverage; and (3) determine if any policy exclusions exist for the claim.

GUARANTEED RENEWABILITY PRIVILEGE – PREMIUM CHANGE: The policy is continuously renewed during the policyowner's lifetime by the payment of premiums when due. We reserve the right to change premium rates upon written notice to your last known address at least 60 days before the change is to become effective.

**THIS OUTLINE OF COVERAGE IS A BRIEF SUMMARY OF THE BENEFITS PROVIDED.
PLEASE CONSULT THE POLICY ITSELF TO DETERMINE GOVERNING CONTRACTUAL
PROVISIONS.**

PLEASE RETAIN THIS OUTLINE FOR YOUR RECORDS.

CONSECO HEALTH INSURANCE COMPANY
Home Office: Phoenix, AZ
Administrative Office: 11825 N. Pennsylvania Street
Carmel, IN 46032-4555 • Telephone: 1-800-541-1225

CONVERSION AMENDMENT

Applicant's Name (First, MI, Last)	Social Security Number	Account Number
------------------------------------	------------------------	----------------

You are applying to convert Existing Insurance. If your application is approved by us, we will issue new policy forms, as applicable, which describe the new, Converted Insurance. As of the Effective Date of the Converted Insurance, the new forms replace and supersede all existing forms except as noted below. This amendment modifies the new forms by adding the following:

- **DEFINITIONS**

Existing Insurance: Your insurance policy and level of benefits as it exists immediately prior to any conversion to the level of benefits for which you are making application.

Converted Insurance: The new insurance policy and level of benefits for which you are making application.

Existing Cash Value Benefit: The cash value benefit, if any, in force with your Existing Insurance.

Converted Return of Premium Benefit: The return of premium benefit, if any, to be issued with your Converted Insurance.

Claims Incurred: Claims are considered incurred on the date an event for which we pay benefits occurs or, in the case of continuing claim, an earlier date as determined by the company based on a related prior event.

Original Maturity Date: The next date on which you would become entitled to a cash value benefit under the terms of your Existing Cash Value Benefit if that benefit were to remain in force until that date.

Accumulated Cash Value Benefit Under Existing Cancer Insurance ("Accumulated Cancer Benefit"): The portion of premiums paid for existing cancer insurance prior to the Effective Date of the converted cancer insurance that would have been returned by the Existing Cash Value Benefit on the Original Maturity Date, less cancer Claims Incurred prior to the Effective Date of the converted cancer insurance.

Accumulated Cash Value Benefit Under Existing Hospital Intensive Care Insurance ("Accumulated ICU Benefit"): The portion of premiums paid for any existing hospital intensive care insurance prior to the Effective Date of the Converted Insurance that would have been returned by the Existing Cash Value Benefit on the Original Maturity Date, less hospital intensive care Claims Incurred prior to the Effective Date of the converted intensive care insurance.

Accumulated Benefit Payment Date: The earlier of the Original Maturity Date and the date we receive written proof of the Policyowner being diagnosed for the first time as having any internal cancer (not skin cancer).

- **CANCER POLICY**

Eligibility: The converted level of benefits has a 30-day eligibility requirement which begins on the date you become insured under the Converted Insurance. To the extent that you have satisfied a similar 30-day eligibility requirement under your Existing Insurance, this requirement will not apply to the prior level of benefits.

Time Limit on Certain Defenses (Paragraph 2): To the extent that this period has been satisfied under the Existing Insurance, the time period under the Converted Insurance is waived for the prior level of benefits.

• **RETURN OF PREMIUM BENEFIT**

Only premiums paid for the Converted Insurance after the Effective Date of the Converted Insurance will be used in determining benefits under the Converted Return of Premium Benefit.

The Accumulated Cancer Benefit will be payable on the Accumulated Benefit Payment Date provided the Converted Return of Premium Benefit is then in force. Any Accumulated ICU Benefit will also be payable on the Accumulated Benefit Payment Date provided both Cancer insurance and the Converted Return of Premium Benefit are then in force. Neither the Accumulated Cancer Benefit nor any Accumulated ICU Benefit will be paid more than once.

This amendment modifies the new policy forms, as applicable, only as stated above. All other terms and conditions of these forms remain in full force and effect. This amendment attaches to and is made part of the policy issued by Consec Health Insurance Company.

Consec Health Insurance Company



President

APPLICANT'S STATEMENT: I have read, or have had read to me, this amendment. I understand that:

- any Existing Insurance will terminate on the date Converted Insurance becomes effective;
- the Converted Insurance will not be in effect until the Effective Date stated in the converted policy;
- if any person is excluded under the Existing Insurance, that person may be excluded under the Converted Insurance;
- if the application for Converted Insurance is rejected for any person insured under the Existing Insurance, that person will only be insured under the Converted Insurance up to the benefit levels provided under the Existing Insurance; and,
- all insurance not converted will remain the same.

Date: _____ Signature of Applicant: _____

THIS SECTION TO BE COMPLETED BY AGENT: I hereby certify that I have explained this amendment to the applicant. I further certify that I am a licensed agent in the state where this statement is being signed by the applicant.

Date: _____ Signature of Agent: _____ Agency: _____

<i>SERFF Tracking Number:</i>	<i>CNSC-126091389</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Conseco Health Insurance Company</i>	<i>State Tracking Number:</i>	<i>42143</i>
<i>Company Tracking Number:</i>	<i>CI SCHEDULES</i>		
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>CHIC CI Additional Benefit Levels</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	CNSC-126091389	State:	Arkansas
Filing Company:	Conseco Health Insurance Company	State Tracking Number:	42143
Company Tracking Number:	CI SCHEDULES		
TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.002A Dread Disease - Cancer Only
Product Name:	CHIC CI Additional Benefit Levels		
Project Name/Number:	/		

Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved- Rates Closed		CI036/IS3ST-C, New CI048/IS3ST-C, CI036/SS3AR-C, CI048/SS3AR-C			CI96 - ROP RATES- AR.pdf

Conseco Health Insurance Company
Administrative Office: 11815 N. Pennsylvania St.
Carmel, IN 46032

CANCER POLICY
WITH RETURN OF PREMIUM

	MONTHLY		ANNUAL	
	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
	1-1/2 UNITS			
0-39	\$74.80	\$102.40	\$853.00	\$1,167.00
40-49	\$85.10	\$118.70	\$970.00	\$1,353.00
50-55	\$91.80	\$126.60	\$1,047.00	\$1,443.00
56-60	\$112.50	\$154.20	\$1,283.00	\$1,758.00
61-65	\$134.10	\$190.40	\$1,529.00	\$2,171.00
66-70	\$164.40	\$228.80	\$1,874.00	\$2,608.00
71-75	\$198.60	\$274.70	\$2,264.00	\$3,132.00
	2 UNITS			
0-39	\$98.20	\$134.30	\$1,119.00	\$1,531.00
40-49	\$112.10	\$156.90	\$1,278.00	\$1,789.00
50-55	\$120.90	\$166.00	\$1,378.00	\$1,892.00
56-60	\$147.90	\$202.10	\$1,686.00	\$2,304.00
61-65	\$175.40	\$251.10	\$2,000.00	\$2,863.00
66-70	\$215.70	\$300.90	\$2,459.00	\$3,430.00
71-75	\$260.90	\$360.40	\$2,974.00	\$4,109.00

CI960/RS3AR-E

SERFF Tracking Number: CNSC-126091389 State: Arkansas
Filing Company: Conseco Health Insurance Company State Tracking Number: 42143
Company Tracking Number: CI SCHEDULES
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only
Limited Benefit
Product Name: CHIC CI Additional Benefit Levels
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name:	Flesch Certification	Review Status:	Approved-Closed	05/11/2009
Comments:				
Attachment:				
AR Certif of Compliance with Rule 19.pdf				
Bypassed -Name:	Application	Review Status:	Approved-Closed	05/11/2009
Bypass Reason:	Application located under form schedule tab			
Comments:				
Bypassed -Name:	Outline of Coverage	Review Status:	Approved-Closed	05/11/2009
Bypass Reason:	located under form schedule tab			
Comments:				

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Conseco Health Insurance Company

Form Number(s): CI036/IS3ST-C, CI048/IS3ST-C, CI036/SS3AR-C, CI048/SS3AR-C, CI000/AA3AR-E, CI000/ER3ST-I, CI000/CA3CR-C1, and CI000/OC3ST-D

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Mariann Dobbs

Name

Senior Director and Assistant Secretary

Title

04/14/2009

Date